



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2681 or 800-282-9134; Fax: 501-371-2747
Web site: www.arkansas.gov/insurance
E-mail: rick.toland@arkansas.gov

**SELLER'S AFFIDAVIT OF CONTRACT PERFORMANCE:
REQUEST TO WITHDRAW FUNDS OR PROCEEDS**

On this ____ day of _____, 20____, I, _____,
an authorized representative of _____,
(Seller)

_____, Arkansas, do state under oath/affirmation that
_____ has bonds, securities, demand deposits, or certificates
(Purchaser)

of deposit held in trust in the amount of \$ _____; or that the purchaser's prepaid contract
is funded by an annuity or insurance policy; that the contract obligations required of the Seller have
been completed; that a withdrawal of proceeds or funds from the trust, annuity contract, or policy
is hereby requested upon submission of a copy of a death certificate.

Identify Bond(s), Security(ies) or Certificate(s) of Deposit, Annuities, Insurance Policies below:

Seller

BY: _____
Authorized Representative

County _____
State _____ Arkansas _____

Subscribed and sworn to or affirmed before me this ____ day of _____, 20____.

Notary Public

Commission Expiration Date